



New Hampshire Board of Nursing

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**OFFICIAL
ON-LINE
NEWLETTER
PUBLICATION
OF
THE
NEW HAMPSHIRE
BOARD OF NURSING**



Signs of Fall in New Hampshire

Contact Us:

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Concord, NH 03301

603-271-2323 (Nursing)

603-271-6282 (LNA)

www.nh.gov/nursing

The mission of the Board of Nursing is to safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified and improper application of services by individuals in the practice of nursing.



Margaret Walker, Ed.D., RN
Executive Director

Board Members

Robert A. Duhaime, MBA, RN
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Cynthia Smith, LNA

James Kuras, Public Member

FROM THE INTERIM EXECUTIVE DIRECTOR

by Margaret J. Walker, Ed.D., RN

Greetings on this beautiful Autumn Day! I do hope you all enjoyed the summer months. The board has been making many changes to accommodate our reduced budget while trying our best to meet the needs of the public. You will note that our website homepage has instructions on using the boardquestions@nursing.state.nh.us email option if the telephone is experiencing a heavy period. You will also note the importance of using the decision tree and clinical practice inquiry procedure for questions to the board. We have less professional staff at the board and thus, we hope you will use this method for your important questions.

Currently, I am working as the part time Interim Executive Director having taken state retirement on June 30, 2011. The board is actively trying to recruit a new director and I have pledged my support of the board during this interim period. You will note the Assistant Director Education position was removed in the budget and thus, the professional staff consists of Lori Tetreault and me for the time being. We thank all of you for your understanding and patience during this change period.

I have been reviewing educational programs and continue to marvel at the excellent group of nurse educators in this great state. Our current NCLEX results, as reported on our website, reflect their continuous commitment to nursing education. Our nursing assistant educators are also commended for excellence and the educational outcomes reveal safe and effective nursing assistant and medication assistants.

Nursing graduates continue to be challenged with finding positions in a nursing role and many are taking nursing assistant positions to maintain their contact with direct care of clients. It is our hope that the recent national predictors of an improvement in job search for new graduates will be actualized soon. We are fully aware of the budgetary constraints at many New Hampshire facilities, as well as recent layoffs of hospital personnel, with some of them being nurses. It is our hope that during this financial restructuring period, client care is the focus and adequate nursing personnel are available to meet client needs. Nursing leadership is an essential need during these changing times.

The board leadership terms remain at 3 years with the opportunity to serve 3 terms or a total of 9 years. You will note that the term expirations occur either in the Spring or Fall each year. Go to www.state.nh.us/nursing and then Board and staff section to see the listing of board members. We asked that you apply for an available position to the Office of Governor, if you have an interest in serving on the board. The board welcomes its newest member, Beth Fersch, LPN, who is completing the vacancy from Christine Naas, LPN departure. We wish Christine an excellent retirement.

In closing, the board staff will continue to work with its public to provide services for safe nursing and nursing assistant practice. We welcome your feedback and strive to improve our services with efficient methods to meet your needs.

You can contact Board Staff on line by clicking on their email address below.

Board Staff

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Granite Domain, Department of Information Technology (DoIT)

On September 16, 2011 the board migrated its webmail account to the state's Granite Domain. This change will allow the board to have features that were not available with our old pop account. We are hopeful that this improvement will be an added efficiency to the board office operations. We thank Candice Weingartner and Jay Joplin of DoIT for their attention to detail during this significant change to our templates, licensing processing and webmail.



Jay Joplin, Candice Weingartner
Lori Tetreault

FROM THE BOARD CHAIR

By Robert Duhaime, MBA, RN



It is with great pleasure to report that the current results of NCLEX exams for the State of New Hampshire as of June 30, 2011 New Hampshire has a pass rate of 97% for first time candidates. To the Board this signifies and recognizes all the efforts all Institutions are placing to achieve these results. We recognize these results are not easy to come by and congratulate everyone for your success. I want to emphasize our support for each program and willingness to continue to assist you in any way we can. Great job.

I want to welcome to the Board of Nursing, Beth Fersch. Beth is an LPN and looking forward to her active participation and expertise. Welcome.

In conclusion, As you all know Margaret Walker has decided to retire. And within a very short time was willing to come back and assist us while recruitment efforts are underway. The Board is actively recruiting for an Executive Director. Position qualifications can be found on the Boards website. On behalf of the Board we want to express our sincere gratitude for all the work Margaret has completed over the years. Obviously there are too many to mention suffice to say she completed her work with a high professional regard and a genuine concern for Nursing and Patient Safety. She has been great to work with and wish her well as she enjoys some well deserved extra free time.

HELPFUL HINTS:

When calling the Board office, please be ready to provide your name, license number and remember to have a pen and paper ready to write down the information you may be seeking.

BOARD COMMITTEES**P & E Committee**

Nora Fortin, RN
(Board representative)

Nancy Fredholm, RN

Renee Maynes, RN

Barbara Pascoe, RN

Connie McAllister, APRN, CRNA
Chair

Bonita Kershaw, RN

Liaison Committee

Kitty Kidder, APRN,
(Board representative)

Lisa Sullivan, APRN, CRNA
Chair

Joyce Blood, APRN

Dorothy Mullaney, APRN

Margaret Franckhauser, RN

Sean Lyons, APRN

Mary Sanford, APRN

New LPN Board Member

My name is Beth Fersch and I am an LPN. I graduated from St. Joseph's School of Nursing in 2005. My focus is in long term care at three different facilities. As a new nurse I was concerned with being sure that my actions were within my scope of practice. However with seasoning I am more committed to make a positive difference in my client's life. Ironically, my husband graduated from the same school this year and has been hired as a LPN where I was previously employed. I will be watching with anticipation his particular journey in nursing.

You could say that my journey into nursing was not the result of any trailblazing effort on my part; but rather, a result of being pulled and foundering along in the wake created by my mother. She was a RN who practiced in Connecticut. She would often describe her journey through nursing school as a salmon traveling upstream during a Texas drought. Nursing was my mother's "center" to which her life revolved. Many times to my embarrassment, she took great pride in letting people know that she was a nurse. I became a nurse in 2005, and while nursing is important to me, its position in my life is like a star fixed in a constellation. Nursing for me is just a part of the heavens and not its entirety.

In nursing school, my mentor stressed the importance of "giving back" to our profession. My decision to join the Board of Nursing is a step in that direction. Through my participation, I hope I can assist those nurses who have lost their way, find the right star to navigate safe nursing practice.

License Verification – Did you know.....?

On-line license verification is accurate, quick, current and available 24/7 for licensees and employers.

The NH Board of Nursing is a paperless licensing system. The Board does not provide paper licenses. License details can be verified on the Board website: www.nh.gov/nursing under the License Verification tab in the Quick Links box on the right hand side of the home page. You may print your verification if desired.

Benefits of the Board Website- www.nh.gov/nursing

Looking for answers to your questions? The Board website provides answers regarding licensing, scope of practice, educational programs, license verification, continued education and more. Go to the Board of Nursing website at www.nh.gov/nursing.

Topics you can access on the Board website include:

- ***News and Announcements***
- ***Board Meeting Dates and Events***
- ***Educational Programs***
- ***Enforcement***
- ***Frequently Asked Questions***
- ***Forms, Applications and Publications***
- ***Licensure***
- ***Nursing Practice***
- ***Nurse Practice Act***

In addition you can access the on-line verification system, online licensing, and practice inquiry.

On-line Licensing-Renewal Reminder

Before you can renew your license on-line you must receive your renewal notice from the Board of Nursing.

Once you receive your renewal notice you can renew your license on the

Complaint Reporting

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b)). **Reportable violation are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).**

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

The complaint form and guidelines can be found on Board of Nursing website www.nh.gov/nursing under Enforcement.



Board website at www.nh.gov/nursing under the Online Licensing tab in the “Quick Links” box on the right hand side of the Home Page.

Before you are able to renew your license you must register on the licensing site. You must obtain a registration code from the Board office prior to being able to register. Once you obtain your registration code you can then register. Registration includes setting up a User ID and Password. This user ID and password must be used each time you renew your license on-line. Be sure to write down your User ID and Password for future reference.

To obtain your registration code:

Email the Board office at boardquestions@nursing.state.nh.us. Provide your full name, license number and date of birth.

Clinical Practice Inquiry

All practice inquiry questions must be submitted on the **Clinical Practice Inquiry Form** found on the Board website www.nh.gov/nursing under the “Forms” tab. All forms submitted must include the clinical significance of the question asked. Prior to sending inquiries to the BON, please review the clinical practice advisories and frequently asked questions to ensure that your question has not been previously answered by the Board. Forms may be mailed, faxed or emailed to the Board office.

Mail:

NH Board of Nursing
21 South Fruit Street, Suite 16
Concord, NH 03301

fax: 603-271-6605

email: boardquestions@nursing.state.nh.us

Continued Education – Audit Reminder To assure timely renewal of your license, if selected for audit please provide your continuing education/contact hours documentation on the **Continuing Education/Contact Hour Audit Form**.

Documentation received other than the Audit Form will be returned to the licensee which may cause a delay in license renewal.

If your renewal application and audit forms are not received on or before midnight of your birth date, you will be practicing without a valid license and will have to reinstate your license, and pay an administrative fee if practicing during license lapse.

Continued Education Requirements:

APRN's: 30 contact hours for RN licensure, 30 additional hours specific to APRN specialty, 5 of which shall be pharmacology specific, in 2 years prior to date of renewal. RN/LPN's, 30 contact hours.

RN/LPN's: 30 contact hours within 2 years prior to date of your renewal application.

LNA's: 12 contact hours for each year (for a total of 24 hours), within 2 years prior to date of your renewal application. (For LNA's who are certified as Medication Nursing Assistant (MNA's), 4 out of the 12 contact hours per year must be related to medication administration.)

Guidelines for Continuing Competence can be found on the Board website www.nh.gov/nursing under the Licensure tab on the Home Page.

Working with an inactive license is a Class A Misdemeanor.

Beginning October 1, 2011 all licensees who have worked with an inactive license will be posted in the Board's quarterly Newsletter. Practicing without a license, including but not limited to the situation where a license has lapsed, is unlawful under New Hampshire law and constitutes a class A misdemeanor. RSA 326-B:41, II; RSA 326-B:41-a. Pursuant to **RSA 326-B:22, II**, “Any person licensed who intends to continue practicing as a nurse or nursing assistant shall: (a) By midnight

You are encouraged to complete live scan fingerprinting. Some live scan sites are located on the Board's website at http://www.nh.gov/nursing/documents/livescan_list.doc

If you do not find a convenient live scan site please call the NH State Police Criminal Records.

FINGERPRINTING/CRIMINAL BACKGROUND CHECK REMINDERS

1. When completing the fingerprint/criminal background check within New Hampshire, fingerprint cards are NOT necessary. "Live Scan" fingerprinting does not require cards unless the fingerprinting is completed out of state, in which case the cards MUST be obtained from the Board of Nursing office.
2. The Board of Nursing application fee DOES NOT include the fingerprinting/criminal background check fee. Depending upon which way the fingerprinting/criminal background check is complete and the location will determine the fee. Please refer to the Board of Nursing website www.nh.gov/nursing under the "FBI Fingerprinting Requirements" in the section marked "Quick Links" for fee schedule.
3. All criminal background checks MUST be notarized.
4. "Live Scan" fingerprinting is encouraged of ALL of our applicants, as the rejection rate is much lower.
5. Please remember that most police departments charge a processing fee which varies depending on the location.

Out of State Applicants and Criminal Background Checks/Fingerprints

Applicants from outside of NH will be sent fingerprint cards and authorization forms. Those applicants are asked to either use law enforcement sites in their respective states or come to NH and use a NH law enforcement site. Please send all fingerprint cards, authorization forms and fees to the Board of Nursing. The board will then send them to the NH State Police for processing.

Please plan early for this process. We have advised that the results could take as long as 2 months in some cases.

on his or her date of birth in the renewal year submit a completed application and fees as established by the board." "Failure to renew the license shall result in forfeiture of the ability to practice nursing or nursing activities in the state of New Hampshire." RSA 326-B:22, III.

When a licensee telephones the Board or presents themselves at the Board office and discloses they have worked after the expiration date of their nursing/nursing assistant license they will be required to sign an Agreement and pay all reinstatement fees and fines before they are eligible to return to work. The Agreement states that the document must be shared with the employer .

Should the licensee practice nursing a second time on an inactive license, they will be informed that their action will be reviewed by the Board at its next meeting for Board action. The license will be reinstated pending Board action.

The board welcomes Dr. Mary Bantell as the Director of the Plymouth State University Nursing Program currently under review.

Mary comes to New Hampshire from Texas A&M and with many years of experience as a nursing educator. Plymouth State University has completed its initial review with recommendation from the board visiting team.

The board welcomes Dr. Thomas Connelly as the Director of the Keene State University Nursing program.

Thomas comes to New Hampshire with many years of nursing programming excellence from our neighbor state, Massachusetts. Keene State University has completed its initial review with recommendation from the board visiting team.



Dr. Thomas Connelly

Complaint Reporting

Pursuant to RSA 326-B:37 V: Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any alleged violations of the Nurse Practice Act (RSA 316-B:37, RSA 326-B:41 and Nur 402.04(b)).

Reportable violation are cited in RSA 326-B:37 II, Nur 402.04 (b) and Nur 402.04 (c).

Any alleged violation of the Nurse Practice Act reportable to Bureau of Adult and Elderly Services (BEAS) should also be reported to the Board of Nursing.

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The National Council of State Boards of Nursing White Paper: A Nurse's Guide to the Use of Social Media, August 2011

Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances.

Nurses may breach confidentiality or privacy with information he or she posts via social media.

Possible Consequences

BON Implications

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

Nursing Assistants... Caring from the Heart!



With our appreciation
for your dedication
for enriching the lives
of others.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination.

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones.
- Maintain professional boundaries in the use of electronic media.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy. Do not make disparaging remarks about employers or co-workers.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

LNA Corner

by Lori Tetreault, RN-BSN Program Specialist IV

Hello and Welcome Fall!

I hope all of you have had the opportunity to kick back, relax and enjoy the beautiful summer we experienced. Fall is fast approaching. Each year I look forward to the fall season and settling down to a routine schedule.

Due to budget reductions earlier this summer, four part time positions held in the board office were lost. Throughout the summer, the board staff has spent valuable time reviewing office processes to improve efficiency to minimize the impact on board services to our licensees. I would like to thank our licensees for your patience and understanding during this transition time. I am so fortunate to work with such a great group of individuals who are very dedicated to their work and to the licensees of NH. I would like to encourage licensees to frequently visit the Board of Nursing website www.nh.gov/nursing and review the newsletter to assist you in keeping informed of office procedure and processes according to the Nurse Practice Act. Questions regarding nursing assistant education can be found in Nur 700.

Reminder: MNA License Renewal

A MNA certification expires at the time that the LNA license expires. A MNA certification that becomes inactive due to a non-renewed LNA license will become null and void after 60 days. Once the MNA certification becomes null and void, a MNA course will be required for certification.

LNA/MNA Continuing Education Programs offered by the Board.

Visit the website www.nh.gov/nursing

LNA Scope of Practice
Professional Boundaries
Residents Rights
Topical Drugs
Medication Administration Safety
Oral Health Care for the Elderly
Alzheimer's Dementia in the Elderly
Oxygen Therapy
MNA Scope of Practice
Social Networking
Proper Bowel Elimination

All programs offer 1 contact hour

The next MNA Day of Discussion will be held October 14, 2011. The discussion will provide 3 hours of continuing education for MNA's. Discussions will include Adverse Drug Reactions, Cardiovascular Conditions and Treatment as well as MNA Scope of Practice. The registration form can be found in this newsletter or on the NH Board of Nursing website www.nh.gov/nursing. Other Days of Discussion are in the works for Spring 2012 so stay tuned.

On November 9, 2011 the Annual LNA/MNA Coordinators' Meeting will be held. This year's "Nursing Assistants made in America" program will provide the opportunity to discuss board updates, policy review, as well as program networking. I would like to welcome four new LNA Program Coordinators, Margaret LaPointe-Dover High School, Shelly Ling- LNA Heath Careers, Linda Camarota-Manchester School of Technology, and Martha Berk-RW Creteau Regional Tech Center at Spaulding HS. I look forward to working with all of you and your programs.

This fall I will be visiting several of the LNA/MNA educational programs. I would like to thank all the Program Coordinators for their contribution to nursing assistant education here in NH. A complete list of our educational programs can be found on our website at www.state.nh.us/nursing.

I would like to welcome the new students enrolled in the High School LNA programs this fall. Good luck to all of you.

Enjoy the Fall Season,

MNA Renewal Requirements:

A minimum of 50 hours using medication assistant knowledge, judgment and skills within 2 years of date of application and; 4 of the 12 contact hours required for LNA licensure must be related to medication administration **or** successful completion of a MNA program within 2 years immediately prior to renewal..

What is the difference between a MNA and a LNA-MC?

A MNA is a licensed nursing assistant with a NH Board approved certificate able to *administer* medications under the supervision of a licensed nurse to "stable" clients living in facilities and in the community.

A LNA-MC is a licensed nursing assistant with an NH Board approved certificate to *provide assistance, observation and documentation* under the supervision of a licensed nurse to "stable" clients with no complicated medication problems living in assisted living facilities and the community.

Clinical Practice Advisories: October 2010- May 2011	
Board Advisory Date:	
October 21, 2010	<p>Question: Can an APRN, certified as Adult Psychiatric/Mental Health NP, administer botox injections to a separate group of patients in a different clinical setting after successfully completing a training program and obtaining certification to administer botox?</p> <p>Answer: The administration of botox injections would not be within the scope of practice of psychiatric/mental health NP as it is not within the population focus of that national certification. Continuing education does not expand APRN scope of practice.</p>
October 21, 2010	<p>Question: As an APRN (FNP) is it within my scope of practice to administer joint injections in an orthopedic setting after training by my colleagues?</p> <p>Answer: This is within the scope of APRN with appropriate training and demonstrated competency in the procedures and within the appropriate population foci.</p>
November 18, 2010 False labor discharge	<p>Question: Is it within the RN scope of practice to certify false labor and discharge the patient?</p> <p>Answer: The Board reaffirms that the provider will determine competent nurses who can act as the QMP (qualified medical personnel) to certify False labor and discharge of the patient following facility policies and procedures that support the practice.</p>
December 16, 2010 Removal of Double J stents	<p>Question: Is it within RN scope of practice to remove a ureteral double J stent?</p> <p>Answer: The board opined that it is within the RN scope of practice to remove double J ureteral stents after ureteroscopy provided that the RN has the documented education & competencies and that there is a facility policy that supports this activity.</p>
December 16, 2010 Nasal packing & splint removal	<p>Question: If trained by the physician is it within RN scope of practice to:</p> <ul style="list-style-type: none"> ➤ Perform packing and splint removal in post operative Septoplasty/Turbinectomy surgical patients ➤ Assess condition of tympanic membrane and patency of ventilation tubes in post op myringotomy /tube insertion surgical patients <p>Answer: The board opined that:</p> <ul style="list-style-type: none"> ➤ It is within the RN scope of practice to remove readily visible splints that do not require instrumentation to do so, provided the nurse has the documented education and competencies to do so and there is a facility policy that supports this practice ➤ It is not within the RN scope of practice to remove nasal packings ➤ It is within RN scope of practice to assess tympanic membranes, provided the nurse has the documented education and competencies to do so and there is a facility policy that supports this practice ➤ It is not within the RN scope of practice to assess the patency of ventilation tubes in post myringotomy/tube insertion surgical patients
December 16, 2010 Intrathecal chemotherapy	<p>Question: Is it within the scope of practice for chemotherapy certified RN's to administer intrathecal chemotherapy via an omya reservoir or an LP needle?</p> <p>Answer: The board reaffirmed its decision of February 2009 with regard to the omya reservoir, in which it opined it was within the certified chemotherapy RN scope of practice to administer intrathecal chemotherapy via an omya pump provided it had been placed with</p>

<p>December 16, 2010 Implantation of insertable cardiac monitors</p>	<p>fluoroscopy guidance and placement confirmed by the radiologist.</p> <p>The board opined that it is within the scope of a certified chemotherapy RN to administer chemo via an LP needle provided the needle has been placed with fluoroscopy guidance and placement confirmed by a radiologist.</p> <p>Question: Is it within the APRN scope of practice to implant insertable cardiac monitors, also called internal loop recorders?</p> <p>Answer: The board opined that this is not with the APRN scope if practice</p>
<p><u>February 17, 2011</u></p> <p>Reconsideration of the December 16, 2010 re: Implantation of insertable cardiac monitors</p>	<p>Question: Is it within the APRN scope of practice to implant insertable cardiac monitors, also called internal loop recorders?</p> <p>Answer: Board consensus that it is within the scope of APRN practice to implant insertable cardiac monitors, as long as the APRN has the documented education, skills and competencies to do so. Additionally there needs to be a facility policy that supports this practice.</p>
<p><u>March 17, 2011</u></p> <p>LNA infusion of tube feedings via a pump (update of board opinion dated Fall 2000)</p> <p>RN scope of practice regarding C-arm</p> <p>RN scope of practice regarding application of neuro-monitoring percutaneous needles and operating neuro-monitoring equipment</p>	<p>Question: Can an LNA administer tube feedings via pump?</p> <p>Answer: Board consensus that it is within the scope of practice of an LNA to administer tube feedings via pump, provided the LNA had the education, skills and documented competencies to do so. Additionally there needs to be a facility policy that supports this practice.</p> <p>Question: Is it within the scope of practice of an RN to compress pedal of C-arm under direct supervision of the provider.</p> <p>Answer: Board consensus that it is not within the scope of practice of an RN to compress the C-arm pedal.</p> <p>Question: Is it within the RN's scope of practice to apply neuro-monitoring percutaneous needles and/or to operate neuro-monitoring equipment during a procedure, in the operating room?</p> <p>Answer: Board consensus that it is not within RN scope of practice to apply neuro-monitoring percutaneous needles, to operate neuro-monitoring equipment, or to interpret signals. It is within the RN scope of practice to push the reset button under the direction of the surgeon.</p>
<p><u>April 21, 2011</u></p> <p>LNA scope of practice to deliver OTC medication in home setting</p> <p>RNFA scope of practice to insert secondary trocars</p>	<p>Question: Would the Board consider an exemption process that could be available unique circumstances in which a law is prohibiting safe delivery of an over-the-counter medication to a minor at home by an LNA?</p> <p>Answer: Board reaffirmed that medication administration is not within the scope of a Licensed Nursing Assistant pursuant to RSA 326-B:14</p> <p>Question: Is it within scope of practice of RNFA to insert secondary trocars under physician supervision during laparoscopic surgery?</p> <p>Answer: Board consensus that it is within the scope of practice for RNFA to insert SECONDARY trocars under physician supervision during laparoscopic surgery provided</p>

	competencies in Nur 404.12 are met and are within the policies and procedures of institution.
<u>May 19, 2011</u>	
RN scope of practice to set up patient's CPAP therapy	<p>Question: Can an RN with appropriate competencies provide education and set up a patient's CPAP therapy?</p> <p>Answer: Board consensus that this procedure is done by respiratory therapists and competent members of the public. The nursing license is not required to perform this function.</p>
LNA scope of practice to perform a urine dip	<p>Question: Is it within the scope of practice of the LNA to perform a urine dip with a Chem Strip and report the findings to a licensed nurse?</p> <p>Answer: Board consensus that the LNA can perform this procedure provided they have competencies and facility policies support the nursing assistant practice.</p>
RN scope of practice to perform a slit lamp exam	<p>Question: With demonstrated competence, is it within the scope of practice for an RN to perform a slit lamp exam including measuring intraocular pressure?</p> <p>Board consensus that it is not within RN scope of practice to perform this procedure. The Board further opines this is within the APRN scope of practice provided they have the competencies to perform the procedure.</p>
RN scope of practice to administer IV "push" bolus doses of NMB's	<p>Is it within the RN scope of practice to administer IV "push" bolus doses of Neuromuscular blockage agents or paralytics?</p> <p>Board consensus that this is not within the RN scope of practice and refers to the Anesthesia/analgesia administration Frequently Asked Questions located on the Board website at www.state.nh.us/nursing under the FAQ section (section: FAQ includes listings for many roles).</p>
LNA scope of practice to administer suppositories for bowel needs	<p>Question: Is it within LNA scope of practice to administer suppositories for bowel needs?</p> <p>Answer: Board consensus that it is within LNA scope of practice to administer only non-medicated suppositories provided they have the competencies to perform the procedure and facility policies support the nursing assistant practice.</p>
RN scope of practice to use magnetic card to deactivate ICD.	<p>Question: Is it within RN scope of practice to use magnetic card to deactivate implantable cardioverter-defibrillator?</p> <p>Answer: Board consensus that it is within RN scope of practice to use magnetic card to deactivate implantable cardioverter-defibrillator provided competencies and facility policies are met.</p>
<u>July 21, 2011</u>	
LNA/MNA scope of practice to check for placement of feeding tube	<p>Question: Prior to administration of enteral medication(s) by an MNA and enteral feedings by an LNA/MNA is it within the scope of practice for an LNA/MNA to listen and/or check for placement of feeding tube with proper training and competencies completed?</p> <p>Answer: The Board opined that it is not within the scope of practice for an LNA/MNA to listen or check for placement of the feeding tube prior to the administration of feedings/medications.</p>
RN scope of practice to administer IV "push" bolus doses of NMB's	<p>At the Board meeting of July 21, 2011, the Board revisited the question posed at its May 19, 2011 meeting concerning neuromuscular blockade agents. In order to stay consistent with current practice throughout the State, the Board retracts its previous opine on May 19 and June 16 and states that it is within the scope of practice of an RN to administer neuromuscular blockade agents or paralytics as outlined in Clinical Practice Advisories, Frequently Asked Clinical Practice Questions regarding Anesthesia/Analgesia</p>

Administration on our website, www.nh.gov/nursing.

NH BOARD OF NURSING
EDUCATION PROGRAMS: BOARD ACTIONS

<i>Program</i>	<i>Program Coordinator/Chair</i>	<i>Board Action</i>	
<i>January 20th, 2011</i>			
Mountain View Nursing Home-LNA Program	Joyce Luongo	Continued Approval	
<i>February 17th, 2011</i>			
Med Pro Educational Services LLC-MNA Program	Pamela Heggelund	Continued Approval	
<i>March 17th, 2011</i>			
Omnicare Inc- MNA Program	Kathy Jordon	Continued Approval	
Dover High School-Regional Career Technical Center LNA Program	Margaret LaPointe	Initial Approval	
Seacoast School of Technology LNA Program	Linda Cutler	Continued Approval	
<i>April 21, 2011</i>			
Manchester School of Technology LNA Program	Linda Rea Camarota	Initial Approval	
<i>May 19, 2011</i>			
Nashua Community College RN Program	Jeanne Hayes	Continued Full Approval	
St. Anselm College RN Program	Sharon George	Continued Full Approval	
River Valley Community College RN Program	Vada Aucter	Continued Approval with monitoring of NCLEX results	
<i>July 21, 2011</i>			
Rockingham County Nursing Home LNA Program	Lisa Caron	Request to be placed on hold - Granted	

Returned Checks

The following licenses continue to be invalid due to insufficient funds. The licensee was notified of the returned check.

Licensed Nursing Assistant
 Amy Lauzon 046728-24

Registered Nurse
 Joseph Beres 064848-21

DISCIPLINARY ACTIONS
June 2011 through August 2011

At its November 15, 2007 meeting, Board members voted to publish names of individuals involved in disciplinary actions. At its March 20, 2003 meeting, Board members voted reprimands will no longer be posted in the Newsletter. Any questions please call Susan Goodness at the Board office, (603) 271-2323.

DATE OF ACTION	LIC NUMBER	NAME	BOARD ACTION	ACTION CAUSING DISCIPLINE
7/18/2011	039589-24	Mansfield, Shirley	Voluntary Surrender	
8/18/2011	042671-24	Daggett, Brinda	Indefinitely suspended (reciprocal with VT BON)	
8/18/2011	006201-24	Johnson, Alfred	Probation & Reprimand	Under the influence of alcohol at work.
8/18/2011	030145-24	Wisemberger, Bobbie-Jo	Voluntary Surrender	
6/16/2011	029724-21	Banks, Janet	Preliminary Agreement for Practice Restrictions (Indef)	
6/16/2011	012055-22	Christiansen, Donna	Voluntary Surrender	
6/16/2011	044871-21	Merchand, Stacey	Probation (2 yrs) w/restrictions & conditions	Respondent made certain medication documentation errors on patients' charts; The errors included entries that were out of sequence, crossed out, written over, illegible, or unsigned. Respondent attempted suicide by taking medications that were prescribed to her.
6/16/2011	058389-21	Miller, Heath	Suspension (reciprocal - Vermont) (Indef)	
8/18/2011	005416-22	Carson, Jr. William	Suspension (2 yrs) & \$1500.00 civil penalty	For violating the Nurse Practice Act by contacting a patient at home and cashed a check for \$800 for his personal use and for a second time asked the patient for an additional \$800 for his personal use
8/18/2011	057609-21	Casale, Rhianna	Suspension (Reciprocal discipline w/ Massachusetts) (Indef)	
8/18/2011	040658-21	Regan, Sheila	5/16/2002 Restrictions removed from license	
8/18/2011	018339-21	Wilson, Sandra	Reinstate w/conditions & restrictions - 2 yrs	

Road to Recovery

The New Hampshire Road to Recovery is designed to assist licensees who are experiencing challenges with drug/ alcohol impairment, physical disabilities, or mental disabilities who continue to safely practice. These individual licensees require monitoring and support for the issues they face. The board supports those individuals in recovery, who maintain a safe practice, provided they are able to successfully conform to the reporting requirements listed in their agreement with the board.

Candidates for the program provide written evidence of their appropriateness for admission to the program. Participant supporting documents are reviewed by the board confidentially. The board determines whether the licensee is a candidate for the Road to Recovery based on facts from the individual, health care provider, and employer. The candidate then agrees to conform to the board requirements.

The board website contains the specific forms participants must complete on a regular basis at www.state.nh.us/nursing under the "Enforcement" as well as the "Forms, Applications, Publications" sections. These forms and guidelines allow the licensee to continue with employment while meeting the stipulations related to safe practice. Professional support groups are also available on the website under the "Quick Link" section of our home page.

Currently, the board has 6 participants who are gainfully employed and succeeding in their professional goals and behaviors. We encourage licensees who are experiencing difficulties related to drug/alcohol impairment or physical/mental disabilities to contact Margaret Walker, at the board, if they require the support to adhere to professional practice standards at 271-2323 or 271-6282.

**EXECUTIVE DIRECTOR
NH DEPT. OF HEALTH AND HUMAN SERVICES
NH Board Of Nursing/ Concord**

Starting Salary Range- \$57,934.50 - \$69,556.50

SCOPE OF WORK: Provide leadership for creating, planning, directing, and supervising the Board's policies and business functions to accomplish the broad objectives of the New Hampshire Board of Nursing.

MINIMUM QUALIFICATIONS:

Education: Master's degree in nursing, nursing education, nursing service administration, or related health care field. If the Master's degree is in a field other than nursing, a Bachelor's degree in nursing is required.

Experience: Seven years' experience in the field of nursing, four of which shall have been in teaching at or administration of an approved school of nursing or facility/agency management or any combination of teaching and administration.

Preferred Qualification: Preference will be given to candidates who have a Doctoral degree.

License/Certification: Must be currently licensed as a Registered nurse in the state of New Hampshire. Must possess a valid NH driver's license.

Employees will be required to pay an agency/union fee.

For further information contact Susan Goodness at 271-3823.

HOW TO APPLY: An official application for employment may be obtained from and returned to New Hampshire Department of Health and Human Services, Human Resources 129 Pleasant St., Concord, New Hampshire 03301, (603) 271-4286 or dhhs-careers@dhhs.state.nh.us and is available on the Internet at www.admin.state.nh.us/hr. Please reference position #13063 on the application. In order to receive credit for post-secondary education, a copy of official transcripts **MUST** be included with the application. Please have transcripts forwarded to the Human Resources office with the recruiting agency. **Position will remain open until a qualified candidate is found. EOE**

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